

FORM NO. 5. MARGIN RESERVED FOR BINDING.

ALL PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

W. W. of Columbia

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|---|--|---|--|--|--|
| County of <u>Clarendon</u> | | STATE OF SOUTH CAROLINA. | | 42279 | |
| Township of <u>Concord</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>1302</u> | | Registered No. <u>54</u> | |
| or | | | | (For use of Local Registrar) | |
| City of | | (No. St.; Ward) | | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>John Allen Watt</u> If child is not yet named, make supplemental report as directed | | | | | |
| (3) <u>BOY OR</u> | | (4) Twin or Triplet? | | (5) Number in order of birth | |
| | | To be answered only in event of Twins or Triplets | | | |
| | | | | (6) Are Parents Married? <u>yes</u> | |
| | | | | (7) DATE OF BIRTH <u>Dec 16th 1915</u> | |
| | | | | (Name of Month) (Day) (Year) | |
| FATHER. | | | | | |
| (8) FULL NAME <u>Elwyn M Watt</u> | | | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Summerton R.F.D.</u> | | | | | |
| (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>30</u> (Years) | | | | | |
| (12) BIRTHPLACE <u>Summerton R.F.D.</u> | | | | | |
| (13) OCCUPATION <u>Farmer</u> | | | | | |
| (20) Number of children born to mother, including present birth <u>Six</u> | | | | | |
| MOTHER. | | | | | |
| (14) NAME BEFORE MARRIAGE <u>Olivia G Ridgell</u> | | | | | |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Summerton R.F.D.</u> | | | | | |
| (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>27</u> (Years) | | | | | |
| (18) BIRTHPLACE <u>Jordan I.C.</u> | | | | | |
| (19) OCCUPATION <u>Farmer's wife</u> | | | | | |
| (21) Number of children of this mother now living, including present birth <u>Four</u> | | | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>3</u> <u>4</u> M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Thos J Davis M.D.</u> | | | | | |
| (24) State whether Physician or Midwife (25) Address of Physician or Midwife | | | | | |
| Given name added from a supplemental report | | | | | |
| 191..... | | | | | |
| Registrar | | | | | |
| (26) Witness Signature of Witness necessary only when question 23 is signed by mark) | | | | | |
| (27) Filed <u>Dec 22 1915</u> (28) <u>J. L. B. & Dwyer, M.D.</u> Local Registrar | | | | | |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. | | | | | |
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